

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Case No: 05-2007-183654

SHAMIM AMINI, M.D.

**Physician's and Surgeon's
Certificate #A 96250**

Respondent.

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted as the Decision and Order by the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 31, 2008.

IT IS SO ORDERED February 28, 2008

MEDICAL BOARD OF CALIFORNIA



**Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Chair, Panel A**

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 CINDY LOPEZ, State Bar No. 119988
Deputy Attorney General
4 300 South Spring Street, Suite 1702
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5 Telephone: (213) 897-7373
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6 Attorneys for Complainant
7

8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:
14 SHAMIM AMINI, M.D.
15 2975 Sycamore Drive
Simi Valley, California 93065
16 Physician's and Surgeon's Certificate No. A
96250

17 Respondent.
18

Case No. 05-07-183654

OAH No.

19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
22 above-entitled proceedings that the following matters are true:
23

24 PARTIES

25 1. Barbara Johnston (Complainant) is the Executive Director of the Medical
26 Board of California. She brought this action solely in her official capacity and is represented in
27 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Cindy M.
28 Lopez, Deputy Attorney General.

2. Respondent Shamim Amini, M.D. (Respondent) is represented in this
proceeding by attorney Henry R. Fenton, Esq., whose address is 11835 West Olympic Blvd.,
Suite 705, Los Angeles, CA 90064.

3. On or about July 1, 2006, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 96250 to Shamim Amini, M.D. (Respondent). The was in full force and effect at all times relevant to the charges brought in Accusation No. 05-07-183654 and will expire on August 31, 2009, unless renewed.

JURISDICTION

4. Accusation No. 05-07-183654 was filed before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 11, 2007. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 05-07-183654 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 05-07-183654. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 from further action by having considered this matter.

2 13. The parties understand and agree that facsimile copies of this Stipulated
3 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
4 force and effect as the originals.

5 14. In consideration of the foregoing admissions and stipulations, the parties
6 agree that the Division may, without further notice or formal proceeding, issue and enter the
7 following Disciplinary Order:

8 **DISCIPLINARY ORDER**

9
10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A
11 96250 issued to Respondent Shamim Amini, M.D. (Respondent) is revoked. However, the
12 revocation is stayed and Respondent is placed on probation for seven (7) years on the following
13 terms and conditions.

14 1. **ACTUAL SUSPENSION** As part of probation, respondent is suspended
15 from the practice of medicine for 30 days beginning on the date of the effective date of this
16 decision.

17 2. **EDUCATION COURSE** Within 60 calendar days of the effective date of
18 this Decision, and on an annual basis thereafter, respondent shall submit to the Division or its
19 designee for its prior approval educational program(s) or course(s) which shall not be less than
20 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be
21 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified,
22 limited to classroom, conference, or seminar settings. The educational program(s) or course(s)
23 shall be at respondent's expense and shall be in addition to the Continuing Medical Education
24 (CME) requirements for renewal of licensure. Following the completion of each course, the
25 Division or its designee may administer an examination to test respondent's knowledge of the
26 course. Respondent shall provide proof of attendance for 65 hours of continuing medical
27 education of which 40 hours were in satisfaction of this condition.

28 3. **ETHICS COURSE** Within 60 calendar days of the effective date of this

1 Decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in
2 advance by the Division or its designee. Failure to successfully complete the course during the
3 first year of probation is a violation of probation.

4 An ethics course taken after the acts that gave rise to the charges in the
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
6 Division or its designee, be accepted towards the fulfillment of this condition if the course would
7 have been approved by the Division or its designee had the course been taken after the effective
8 date of this Decision.

9 Respondent shall submit a certification of successful completion to the Division
10 or its designee not later than 15 calendar days after successfully completing the course, or not
11 later than 15 calendar days after the effective date of the Decision, whichever is later.

12 4. PROFESSIONAL BOUNDARIES PROGRAM Within 60 calendar days
13 from the effective date of this Decision, respondent shall enroll in a professional boundaries
14 program, at respondent's expense, equivalent to the Professional Boundaries Program, Physician
15 Assessment and Clinical Education Program at the University of California, San Diego School of
16 Medicine ("Program"). Respondent, at the Program's discretion, shall undergo and complete the
17 Program's assessment of respondent's competency, mental health and/or neuropsychological
18 performance, and at minimum, a 24 hour program of interactive education and training in the
19 area of boundaries, which takes into account data obtained from the assessment and from the
20 Decision(s), Accusation(s) and any other information that the Division or its designee deems
21 relevant. The Program shall evaluate respondent at the end of the training, and the Program shall
22 provide any data from the assessment and training as well as the results of the evaluation to the
23 Division or its designee.

24 Failure to complete the entire Program not later than nine (9) months after
25 respondent's initial enrollment shall constitute a violation of probation unless the Division or its
26 designee agrees in writing to a later time for completion. Based on respondent's performance in
27 and evaluations from the assessment, education, and training, the Program shall advise the
28 Division or its designee of its recommendation(s) for additional education, training,

1 psychotherapy and other measures necessary to ensure that respondent can practice medicine
2 safely. Respondent shall comply with Program recommendations. At the completion of the
3 Program, respondent shall submit to a final evaluation. The Program shall provide the results of
4 the evaluation to the Division or its designee.

5 The Program's determination whether or not respondent successfully completed
6 the Program shall be binding.

7 Failure to participate in and complete successfully all phases of the Program, as
8 outlined above, is a violation of probation.

9 5. PSYCHIATRIC EVALUATION Within 30 calendar days of the effective
10 date of this Decision, and on whatever periodic basis thereafter may be required by the Division
11 or its designee, respondent shall undergo and complete a psychiatric evaluation (and
12 psychological testing, if deemed necessary) by a Division-appointed board certified psychiatrist,
13 who shall consider any information provided by the Division or designee and any other
14 information the psychiatrist deems relevant, and shall furnish a written evaluation report to the
15 Division or its designee. Psychiatric evaluations conducted prior to the effective date of the
16 Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay
17 the cost of all psychiatric evaluations and psychological testing.

18 Respondent shall comply with all restrictions or conditions recommended by the
19 evaluating psychiatrist, including undergoing continuing psychotherapy treatment if deemed
20 necessary, within 15 calendar days after being notified by the Division or its designee. Failure to
21 undergo and complete a psychiatric evaluation and psychological testing, or comply with the
22 required additional conditions or restrictions, is a violation of probation.

23 6. MONITORING - PRACTICE Within 30 calendar days of the effective
24 date of this Decision, respondent shall submit to the Division or its designee for prior approval as
25 a practice monitor, the name and qualifications of one or more licensed physicians and surgeons
26 whose licenses are valid and in good standing, and who are preferably American Board of
27 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
28 personal relationship with respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Division,
2 including, but not limited to, any form of bartering, shall be in respondent's field of practice, and
3 must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

4 The Division or its designee shall provide the approved monitor with copies of the
5 Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of
6 the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed
7 statement that the monitor has read the Decision and Accusation, fully understands the role of a
8 monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
9 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
10 signed statement.

11 Within 60 calendar days of the effective date of this Decision, and continuing
12 throughout probation, respondent's practice, shall be monitored by the approved monitor.
13 Respondent shall make all records available for immediate inspection and copying on the
14 premises by the monitor at all times during business hours, and shall retain the records for the
15 entire term of probation.

16 The monitor shall submit a quarterly written report to the Division or its designee
17 which includes an evaluation of respondent's performance, indicating whether respondent's
18 practices are within the standards of practice of medicine or billing, or both, and whether
19 respondent is practicing medicine safely, billing appropriately or both.

20 It shall be the sole responsibility of respondent to ensure that the monitor submits
21 the quarterly written reports to the Division or its designee within 10 calendar days after the end
22 of the preceding quarter.

23 If the monitor resigns or is no longer available, respondent shall, within 5 calendar
24 days of such resignation or unavailability, submit to the Division or its designee, for prior
25 approval, the name and qualifications of a replacement monitor who will be assuming that
26 responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement
27 monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be
28 suspended from the practice of medicine until a replacement monitor is approved and prepared to

1 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine
2 within 3 calendar days after being so notified by the Division or designee.

3 In lieu of a monitor, respondent may participate in a professional enhancement
4 program equivalent to the one offered by the Physician Assessment and Clinical Education
5 Program at the University of California, San Diego School of Medicine, that includes, at
6 minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of
7 professional growth and education. Respondent shall participate in the professional enhancement
8 program at respondent's expense during the term of probation.

9 Failure to maintain all records, or to make all appropriate records available for
10 immediate inspection and copying on the premises, or to comply with this condition as outlined
11 above is a violation of probation.

12 7. SOLO PRACTICE Respondent is prohibited from engaging in the solo
13 practice of medicine.

14 8. THIRD PARTY CHAPERONE During probation, respondent shall have
15 a third party chaperone present while examining or treating any and all female patients. Each
16 third party chaperone shall initial and date each patient medical record at the time the
17 chaperone's services are provided. The Medical Director and Nursing Director at each place of
18 employment shall read the Decision and the Accusation, and fully understand the role of the third
19 party chaperone.

20 Respondent shall maintain a log of all patients seen for whom a third party
21 chaperone is required. The log shall contain the: 1) patient name, and when available, address
22 and telephone number; 2) medical record number; and 3) date of service. Respondent shall keep
23 this log in a separate file or ledger, in chronological order, shall make the log available for
24 immediate inspection and copying on the premises at all times during business hours by the
25 Division or its designee, and shall retain the log for the entire term of probation. Failure to
26 maintain a log of all patients requiring a third party chaperone, or to make the log available for
27 immediate inspection and copying on the premises, is a violation of probation.

28 9. NOTIFICATION Prior to engaging in the practice of medicine, the

1 respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or
2 the Chief Executive Officer at every hospital where privileges or membership are extended to
3 respondent, at any other facility where respondent engages in the practice of medicine, including
4 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
5 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
6 Respondent shall submit proof of compliance to the Division or its designee within 15 calendar
7 days.

8 This condition shall apply to any change(s) in hospitals, other facilities or
9 insurance carrier.

10 10. OBEY ALL LAWS Respondent shall obey all federal, state and local
11 laws, all rules governing the practice of medicine in California, and remain in full compliance
12 with any court ordered criminal probation, payments and other orders.

13 11. QUARTERLY DECLARATIONS Respondent shall submit quarterly
14 declarations under penalty of perjury on forms provided by the Division, stating whether there
15 has been compliance with all the conditions of probation. Respondent shall submit quarterly
16 declarations not later than 10 calendar days after the end of the preceding quarter.

17 12. PROBATION UNIT COMPLIANCE Respondent shall comply with the
18 Division's probation unit. Respondent shall, at all times, keep the Division informed of
19 respondent's business and residence addresses. Changes of such addresses shall be immediately
20 communicated in writing to the Division or its designee. Under no circumstances shall a post
21 office box serve as an address of record, except as allowed by Business and Professions Code
22 section 2021(b).

23 Respondent shall not engage in the practice of medicine in respondent's place of
24 residence. Respondent shall maintain a current and renewed California physician's and
25 surgeon's license.

26 Respondent shall immediately inform the Division, or its designee, in writing, of
27 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,
28 more than 30 calendar days.

1 13. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent
2 shall be available in person for interviews either at respondent's place of business or at the
3 probation unit office, with the Division or its designee, upon request at various intervals, and
4 either with or without prior notice throughout the term of probation.

5 14. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent
6 should leave the State of California to reside or to practice, respondent shall notify the Division
7 or its designee in writing 30 calendar days prior to the dates of departure and return. Non-
8 practice is defined as any period of time exceeding 30 calendar days in which respondent is not
9 engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions
10 Code.

11 All time spent in an intensive training program outside the State of California
12 which has been approved by the Division or its designee shall be considered as time spent in the
13 practice of medicine within the State. A Board-ordered suspension of practice shall not be
14 considered as a period of non-practice. Periods of temporary or permanent residence or practice
15 outside California will not apply to the reduction of the probationary term. Periods of temporary
16 or permanent residence or practice outside California will relieve respondent of the responsibility
17 to comply with the probationary terms and conditions with the exception of this condition and
18 the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance;
19 and Cost Recovery.

20 Respondent's license shall be automatically canceled if respondent's periods of
21 temporary or permanent residence or practice outside California total two years. However,
22 respondent's license shall not be canceled as long as respondent is residing and practicing
23 medicine in another state of the United States and is on active probation with the medical
24 licensing authority of that state, in which case the two year period shall begin on the date
25 probation is completed or terminated in that state.

26 15. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

27 In the event respondent resides in the State of California and for any reason
28 respondent stops practicing medicine in California, respondent shall notify the Division or its

1 designee in writing within 30 calendar days prior to the dates of non-practice and return to
2 practice. Any period of non-practice within California, as defined in this condition, will not
3 apply to the reduction of the probationary term and does not relieve respondent of the
4 responsibility to comply with the terms and conditions of probation. Non-practice is defined as
5 any period of time exceeding 30 calendar days in which respondent is not engaging in any
6 activities defined in sections 2051 and 2052 of the Business and Professions Code.

7 All time spent in an intensive training program which has been approved by the
8 Division or its designee shall be considered time spent in the practice of medicine. For purposes
9 of this condition, non-practice due to a Board-ordered suspension or in compliance with any
10 other condition of probation, shall not be considered a period of non-practice.

11 Respondent's license shall be automatically canceled if respondent resides in
12 California and for a total of two years, fails to engage in California in any of the activities
13 described in Business and Professions Code sections 2051 and 2052.

14 16. COMPLETION OF PROBATION Respondent shall comply with all
15 financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar
16 days prior to the completion of probation. Upon successful completion of probation,
17 respondent's certificate shall be fully restored.

18 17. VIOLATION OF PROBATION Failure to fully comply with any term or
19 condition of probation is a violation of probation. If respondent violates probation in any respect,
20 the Division, after giving respondent notice and the opportunity to be heard, may revoke
21 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to
22 Revoke Probation, or an Interim Suspension Order is filed against respondent during probation,
23 the Division shall have continuing jurisdiction until the matter is final, and the period of
24 probation shall be extended until the matter is final.

25 18. LICENSE SURRENDER Following the effective date of this Decision, if
26 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
27 the terms and conditions of probation, respondent may request the voluntary surrender of
28 respondent's license. The Division reserves the right to evaluate respondent's request and to

1 exercise its discretion whether or not to grant the request, or to take any other action deemed
2 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
3 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the
4 Division or its designee and respondent shall no longer practice medicine. Respondent will no
5 longer be subject to the terms and conditions of probation and the surrender of respondent's
6 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

8 19. PROBATION MONITORING COSTS Respondent shall pay the costs
9 associated with probation monitoring each and every year of probation, as designated by the
10 Division, but may be adjusted on an annual basis. Such costs shall be payable to the Medical
11 Board of California and delivered to the Division or its designee no later than January 31 of each
12 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of
13 probation.

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17 ACCEPTANCE

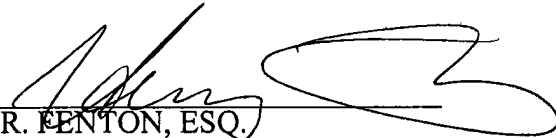
18 I have carefully read the above Stipulated Settlement and Disciplinary Order and
19 have fully discussed it with my attorney, Henry R. Fenton, Esq. I understand the stipulation and
20 the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
21 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
22 bound by the Decision and Order of the Division of Medical Quality, Medical Board of
23 California.

24 DATED: 2/19/8.

25
26 
27 SHAMIM AMINI, M.D. (Respondent)
28 Respondent

1 I have read and fully discussed with Respondent Shamim Amini, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4
5 DATED: 1-19-08

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8 
HENRY R. FENTON, ESQ.
Attorney for Respondent


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12 ENDORSEMENT

13 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
14 submitted for consideration by the Division of Medical Quality, Medical Board of California of
15 the Department of Consumer Affairs.

16
17 DATED: 2/28/08

18 EDMUND G. BROWN JR., Attorney General
19 of the State of California

20 ROBERT MCKIM BELL
21 Supervising Deputy Attorney General

22 
23 CINDY M. LOPEZ
24 Deputy Attorney General
25 Attorneys for Complainant

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**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 05-07-183654

SHAMIM AMINI, M.D.
2975 Sycamore Drive
Simi Valley, Ca 93065

ACCUSATION

Physician's and Surgeon's Cert. No. A 96250

Respondent.

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about July 1, 2006, the Board issued Physician's and Surgeon's Certificate number A 96250 to Shamim Amini, M.D. (Respondent). This license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2009, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board's Division of Medical Quality (Division) under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2234 of the Code states:

2 "The Division of Medical Quality shall take action against any licensee who is
3 charged with unprofessional conduct. In addition to other provisions of this article,
4 unprofessional conduct includes, but is not limited to, the following:

5 "(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,
7 the Medical Practice Act].

8 "(b) Gross negligence.

9 "(c) Repeated negligent acts. To be repeated, there must be two or more
10 negligent acts or omissions. An initial negligent act or omission followed by a separate
11 and distinct departure from the applicable standard of care shall constitute repeated
12 negligent acts.

13 "(1) An initial negligent diagnosis followed by an act or omission medically
14 appropriate for that negligent diagnosis of the patient shall constitute a single negligent
15 act.

16 "(2) When the standard of care requires a change in the diagnosis, act, or
17 omission that constitutes the negligent act described in paragraph (1), including, but not
18 limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's
19 conduct departs from the applicable standard of care, each departure constitutes a separate
20 and distinct breach of the standard of care.

21 "(d) Incompetence.

22 "(e) The commission of any act involving dishonesty or corruption which is
23 substantially related to the qualifications, functions, or duties of a physician and surgeon.

24 "(f) Any action or conduct which would have warranted the denial of a
25 certificate."

26 5. Section 2227 of the Code provides that a licensee who is found guilty
27 under the Medical Practice Act may have his or her license revoked, suspended for a period not
28 to exceed one year, placed on probation and required to pay the costs of probation monitoring, or

1 such other action taken in relation to discipline as the Division deems proper.

2 6. Section 726 of the Code provides in pertinent part in pertinent part that
3 sexual abuse, misconduct or relations with a patient constitutes unprofessional conduct and is
4 grounds for disciplinary action.

5 **FIRST CAUSE FOR DISCIPLINE**

6 (Repeated Negligent Acts)

7 7. Respondent is subject to disciplinary action under section 2234,
8 subdivision (c) of the Business and Professions Code in that he committed repeated acts of
9 negligence in his care and treatment of two patients. The circumstances are as follows:

10 Patient D.T.

11 A On or about On May 10, 2007, the Board received a complaint from D.T.
12 alleging that respondent inappropriately touched her during an emergency room visit
13 following a motorcycle accident.

14 B. On May 5, 2007, D.T. and her boyfriend were in a motorcycle accident in
15 Simi Valley. She landed on her right side with her hip and shoulder taking most of the
16 impact. She also had road rash on her left knee from sliding across the pavement. D.T.
17 and her boyfriend went to Simi Valley Hospital.

18 C. Once D.T. got to the hospital, she and her boyfriend were put in separate
19 exam rooms. She described the room as having a table with a curtain which could be
20 pulled around the table. She stated if the curtain was pulled around the exam table it
21 would block the view from the door. She was told by the medical assistant to change into
22 a gown. D.T. closed the door to change and then sat up on the table to wait for the
23 doctor. Respondent entered the room and introduced himself to her. She told him she
24 had pain in her back from her bra strap to the top of her head and in her hips down to her
25 legs. D.T. was shaking from the shock of the accident. She stated respondent closed the
26 door to the exam room and told her to lie down on the exam table.

27 D. Patient D.T. was lying down with her feet facing the door. She stated that
28 Respondent raised her hospital gown above her hips and told her she was in great shape.

1 He put his right hand on her right ankle and lifted it off the table. D.T. stated that
2 Respondent was not wearing gloves during the exam. Respondent put his left hand on
3 top of her pubic bone with his fingers pointed to her feet and his thumb pointed to the
4 ceiling. The patient stated Respondent was "digging into her groin" and moved his hand
5 back and forth while using his other hand to lift her ankle. She described his left hand as
6 moving in the crease between her labia with the pinkie side of his hand touching her
7 underwear. She stated the room was "dead silent" and Respondent did not ask her any
8 questions. He moved around the table and performed the same action with her left leg.

9 E. Respondent told D.T. to sit up and listened to her heart and lungs. She
10 stated he did not examine her neck. He examined the road rash on her left leg and told
11 her it needed to be cleaned. He told her he would prescribe Vicodin for her pain and
12 Valium due to her state of shock from the accident. Respondent wanted D.T. to follow
13 up with her regular doctor. At that time, Respondent told D.T. he wanted to recheck her
14 hips again. D.T. stated she had a "weird gut feeling" but laid back on the table again.

15 F. The patient stated that Respondent repeated the behavior from the first hip
16 exam except this time he used his "pinkie finger" to lift her underwear to the side and
17 expose her pubic area. He rubbed the back of his hand against her labia and touched her
18 bare skin. Respondent did not penetrate with his fingers but was moving his hand
19 between her labia. D.T. stated she was covering her face with her hands and shaking.
20 When he lifted her underwear to the side, she peeked through her fingers and saw him
21 looking at her pubic area. He moved to the other side of the table and examined her left
22 side the same way. He told D.T. everything looked fine and he would have the medical
23 assistant treat the road rash. Respondent opened the door and left the room.

24 G. The medical assistant reentered the room and D.T. asked him if
25 Respondent ever had received a complaint from a patient. The medical assistant stated
26 there were no complaints, but D.T. did not mention Respondent's conduct to the medical
27 assistant. D.T. did not receive any x-rays or lab tests.

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1 H. D.T. waited outside her boyfriend's exam room for him to finish. While
2 she was waiting for her boyfriend, she saw a woman she recognized from an earlier
3 conversation they had in the hospital lobby. D.T. asked her if she could confide in her.
4 She told the woman, Ms. F., that a doctor was examining her hip and had run his hand up
5 her thigh until his finger caught on her underwear. The doctor then put his hand beneath
6 her underwear and touched what D.T. described to Ms. F. as "her lip." Ms. F. stated the
7 patient seemed confused regarding the exam. She asked Ms. F. if she thought anything
8 seemed wrong about the doctor's actions. D.T. did not want to mention what just
9 occurred with the doctor to her boyfriend then because she was afraid her boyfriend
10 would confront Respondent.

11 I. Patient D.T. made an appointment with Dr. Donald DeGrange the
12 following Wednesday after her accident. He examined her and ordered x-rays. D.T.
13 described the exam she received from Respondent and asked if that was normal for a hip
14 exam. Dr. DeGrange stated the exam could be done with one hand on the ankle but not
15 between the legs.

16 J. D.T. was diagnosed by Dr. DeGrange with a compression fracture of a
17 vertebra, a cracked femur in her left leg, and a concussion. She attends physical therapy
18 and continues to have a ringing sound in her ears. She believes she did not protest like
19 she should have because she was still in shock from the accident. She stated she is
20 normally a strong person and tries not to think about what happened at the hospital.

21 K. Subsequent to receiving this complaint, the Board learned that there was
22 another complaint from a patient for similar misconduct. The second patient's exam was
23 at Simi Valley Hospital in approximately April 2007.

24 Patient J.R.

25 L. In approximately April 2007, J.R. visited her primary care physician due
26 to stomach pain. She stated she could feel a lump in her abdominal area on her left side.
27 Her physician believed she might have a hernia and recommended she go immediately to
28 Simi Valley Hospital for evaluation. J.R. went directly to the hospital and a nurse

1 checked her vital signs and brought her back into an examination room.

2 M. After several minutes, Dr. Amini entered her room and introduced
3 himself. He examined her stomach and told J.R. she needed a pelvic exam. Respondent
4 left the room and a nurse came in to prepare the patient for the exam. Respondent
5 returned to the exam room and performed a pelvic exam. The nurse was present during
6 the exam and stood at the side of the bed between her and Respondent. He wore gloves
7 and the exam lasted approximately three minutes. He prescribed medication for her pain.
8 J.R. was given morphine by intravenous (IV) drip. Respondent ordered a magnetic
9 resonance imaging (MRI) scan of her abdomen. After the MRI was completed, J.R. was
10 returned to her room.

11 N. Patient J.R. had complained of additional abdominal pain and was given
12 Dilaudid by IV drip. She was tired and attempted to sleep. Approximately fifteen
13 minutes later, Respondent returned to her room and shut the door. He told her the MRI of
14 her stomach showed no result and he wanted to examine her again. He drew the curtain
15 around the bed blocking the view of the door.

16 O. Respondent sat down on the bed on her left side. He lifted her hospital
17 gown and began pushing on her stomach and he was not wearing gloves. He picked up
18 her left leg with one hand and put his other hand in her pubic area. He slowly pulled her
19 underwear to the side and put his hand directly against her skin. He began moving her leg
20 around and asked her if she had any pain. Respondent claimed he was examining her for
21 a hernia and looking if anything "popped out" in her abdominal area. She stated he was
22 not moving his hand but just "tucked in" his fingers. She estimated he continued for
23 approximately five minutes. Respondent got up from the bed and moved to the other
24 side. He repeated the same actions with her right leg.

25 P. At this time there was a knock on the door and a nurse entered the room.
26 Respondent immediately pulled his hand out from her pubic area and pulled her hospital
27 gown down. He began to examine her stomach area on top of her gown. The nurse gave
28 Respondent a document to sign and then left the room. He resumed his previous exam

1 with his hand again in her pubic area. He told J.R. he was looking for lumps. She
2 estimated his exam of her right side continued for five minutes. Respondent then left the
3 room, shut the door, and the patient went back to sleep.

4 Q. Approximately one hour later, Respondent ordered an abdominal
5 ultrasound and J.R. was transported in a wheelchair to the test. Following the ultrasound,
6 J.R. was returned to her room and complained of more pain. She stated she was
7 previously diagnosed with Crohn's disease, a chronic disorder which causes inflammation
8 of the digestive tract, and has a high tolerance for medication. She was given a double
9 dose of Dilaudid and attempted to sleep. J.R. stated the door was shut and the lights were
10 off in her room.

11 R. J.R. stated that Respondent returned to her room approximately twenty
12 minutes later and told her the ultrasound showed no results. Respondent stated he wanted
13 to examine her again. Respondent proceeded to repeat the same behavior from his earlier
14 exam with one hand moving her leg and one hand in her underwear over her pubic area.
15 He was not wearing gloves. He examined her left side and then her right side. J.R.
16 estimated that Respondent spent five minutes on each side of her body. Respondent told
17 J.R. he needed to call her doctor because they could not find anything wrong and left the
18 room.

19 S. Respondent returned to the patient's room approximately forty-five
20 minutes later and sat down on the left side of her bed. He explained the tests showed no
21 results and she was not given a diagnosis for her stomach pain. J.R. got dressed and
22 called her husband to pick her up.

23 T. J.R. reported the incident to Simi Valley Police Department on the
24 following Tuesday. J.R. is afraid of returning to Simi Valley Hospital and having
25 Respondent as her doctor again. Following the incident with patient D.R., the
26 Respondent was arrested on three felony counts of sexual battery related to these two
27 patients.

1 U. Nurse Rabbett, R.N. who works at Simi Valley Hospital, was interviewed.
2 Rabbett has worked as a registered nurse for thirteen years. She began working at Simi
3 Valley Hospital on April 18, 2007. Rabbett was assigned a preceptor, Noll, to supervise
4 her orientation. Rabbett recalled there were not many patients on her first day. She
5 specifically remembered J.R. because she came with her two-year-old daughter and
6 Rabbett herself has a two-year-old child.

7 V. Nurse Rabbett stated at approximately noon, she was given orders to
8 prepare J.R. for a pelvic exam. Rabbett prepared the tray for the exam with gloves,
9 lubricant, and the speculum. She made sure the patient was prepared by removing her
10 underwear. Respondent entered the room to begin the exam. Rabbett stated this was the
11 first time she was meeting him and observing a pelvic exam at Simi Valley Hospital.
12 Rabbett saw him place a glove on only one hand. Rabbett thought this was a "little
13 gross" on the Respondent's part. He used the gloved hand to hold the speculum and the
14 other hand to hold the lip. She moved from the side of the patient's bed to behind his
15 shoulder. Rabbett stated she has previously observed a pelvic exam over a physician's
16 shoulder but only if it was an interesting case such as bleeding or checking a fetus.
17 Rabbett moved behind Respondent's shoulder for this patient because she felt
18 uncomfortable due to his using only one glove.

19 W. Nurse Rabbett remained in the room until Respondent finished the exam
20 and left the room. She waited until Nurse Noll, the nurse who was training her, returned
21 from lunch and pulled her aside. Rabbett asked Noll "What kind of place am I working
22 in?" She stated it was said in a joking tone of voice but she explained to Noll that
23 Respondent only wore one glove during the pelvic exam. Noll agreed with Rabbett that
24 this was not normal. Rabbett stated she has never witnessed another physician conduct a
25 pelvic exam with only one glove during her thirteen years as a nurse.

26 X. The following acts and omissions in Respondent's care and treatment of
27 patient D.T. was below the standard of care: Touching the labia during an orthopedic hip
28 exam.

1 Y. The following acts and omissions in Respondent's care and treatment of
2 patient J.R. were below the standard of care: (1) Not using gloves on both hands during a
3 speculum exam; (2) touching the labia in order to examine a hernia.

4 **SECOND CAUSE FOR DISCIPLINE**

5 (Sexual Misconduct)

6 8.. By reason of the matters alleged above, Respondent is subject to disciplinary
7 action under section 726 of the Business and Professions Code in that he committed acts of
8 sexual misconduct with two female patients.

9 **PRAYER**

10 **WHEREFORE**, Complainant requests that a hearing be held on the matters
11 herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

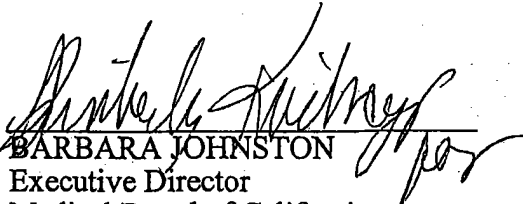
12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A
13 96250, issued to Shamim Amini, M.D.;

14 Revoking, suspending or denying approval of his authority to supervise
15 physician's assistants, pursuant to section 3527 of the Code;

16 2. If placed on probation, ordering him to pay the Division of Medical
17 Quality the costs of probation monitoring;

18 3. Taking such other and further action as deemed necessary and proper.

19
20 DATED: September 11, 2007

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22 
23 BARBARA JOHNSTON
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 Complainant